



PHOTOGRAPH

<p style="text-align: center;">PHOTO AREA</p> <p style="text-align: center;">PASTE A 2½ X 3½ INCH BLACK AND WHITE OR COLOR PHOTO OF PROFESSIONAL QUALITY HERE.</p> <p style="text-align: center;">PHOTO MUST BE OF YOUR HEAD & SHOULDER AREAS ONLY AND MUST HAVE BEEN TAKEN WITHIN THE LAST 12 MONTHS</p> <p style="text-align: center;">PROOF/NEGATIVE/ DIGITAL OR POLAROID TYPE PHOTOS ARE NOT ACCEPTABLE</p>	<p style="text-align: center;">PHOTO DECLARATION</p> <p>I hereby declare under penalty of perjury under the laws of the State of California that the photo of myself attached hereto, was taken on or about _____.</p> <p>Applicant's Signature: _____</p>
<p style="text-align: center;">TELEPHONE NUMBER</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Check here if this is a change of address so that your record can be updated. If this is a U.S. Postal Service, P.O. box, you must list a confidential street address</p>	<p style="text-align: center;">CURRENT MAILING ADDRESS</p>
<p>NOTICE: All items in this application are mandatory, none are voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to verify and identify the licensee's identification under Section 2081 of the Business and Professions Code. Applicants have the right to review their application subject to the provisions of the Information Practices Act. The Licensing Program Chief is the custodian of records. Information in this application may be transferred to other governmental and law enforcement agencies.</p>	

AFFIDAVIT

I certify under penalty of perjury under the laws of the State of California that the information provided on this form, including supporting documentation and photograph of myself, is true and correct and that I am licensed/registered to practice in the State of California.

Applicant's Signature

Date

NOTARY

This individual, _____, has appeared before me, signed in my presence and is identified as the above individual. Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public's Signature

Telephone Number

Address _____

My commission expires _____ . SEAL